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The reporting of disease

[New York]

[1914]

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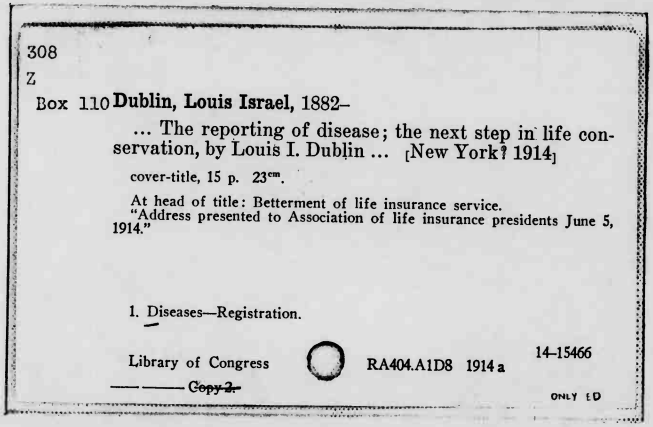

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Betterment of Life Insurance Service

THE REPORTING *of* DISEASE

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The Next Step in Life Conservation

By LOUIS I. DUBLIN, Ph.D.
Statistician, Metropolitan Life Insurance Company, New York

Address presented to
ASSOCIATION OF LIFE INSURANCE PRESIDENTS
June 5, 1914

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June 28, 1923

THE REPORTING OF DISEASE—THE NEXT STEP IN LIFE CONSERVATION

BY LOUIS I. DUBLIN, Ph.D.
Statistician, Metropolitan Life Insurance Company, New York

The life-saving campaigns of the last few decades have borne fruit. The death rate has been lowered and the average span of life correspondingly lengthened. Deaths from certain causes, especially from typhoid fever, smallpox, the infectious diseases of childhood, and tuberculosis have been reduced. The amount of sickness, on the other hand, has not been controlled to any appreciable degree. There is still too much sickness among us. Indeed, there are those who, with some authority, maintain that illness has actually increased in spite of all the saving in mortality. The next twenty years must, therefore, see our activities in health work directed especially to the control of disease. If we avail ourselves of our present knowledge of sanitary science, we can reduce the incidence of illness fully as much as we have already cut down our death rates.

VALUE OF SICKNESS REGISTRATION

The basis for any campaign against sickness must be an accurate knowledge of its prevalence. Just as the reduction of mortality is furthered by a complete registration of deaths and their causes, so our efforts to reduce the frequency of disease depend upon machinery for reporting the cases of sickness, their causes, and their duration, for each group in the community. For this purpose, it is not sufficient to know only, as we do now, the number who have died from any particular cause. We must henceforth place our emphasis upon the cases of sickness themselves. They are socially more important than deaths and our programme must more and more prevent their occurrence and effect their control. The State must, therefore, in the first instance, see that all preventable diseases are recorded, that we may lay our foundation for efficient sanitary administration.

Health departments have long realized the importance of registering disease. At first they required the reporting of the plagues such as smallpox, yellow fever, cholera, etc. Later, the list was extended to include the acute infections, especially those of childhood, like

diphtheria, scarlet fever and measles. With the development of the germ theory of disease, the reporting of tuberculosis was included; first on a voluntary, and later on a compulsory basis. Finally, in some of the more advanced States, certain non-infectious diseases, such as cancer, pellagra, and even a few of the occupational diseases, have been made reportable. At the present time, nearly all States of the Union have laws requiring the reporting of one or more of the preventable diseases.

PRESENT STATUS

What then is the actual condition of disease registration in the States? A questionnaire sent in 1913 by the Statistical Bureau of the Metropolitan Life Insurance Company to the State health officers made specific inquiry regarding disease registration. The replies received showed conclusively that this important phase of our health work was sorely neglected. While some of the communicable diseases, such as smallpox, scarlet fever, diphtheria, acute anterior poliomyelitis (infantile paralysis) and tuberculosis were required to be reported in the larger number of communities, the facilities for carrying out the provisions of the law were most unsatisfactory. The statement of one health officer is typical of many: "We do not have funds," he writes, "to properly enforce the reporting of diseases and hence make it a local matter. We expect to make tuberculosis and some others reportable as soon as we can get our State-wide vital statistics law into operation. Then we will have some means of checking delinquent doctors who neglect to report." Other States fare even worse.

In the inquiry referred to above, health officers were asked to indicate the diseases which involved special difficulties in registration. One health officer replied as follows: "We have not marked those which give special difficulty in securing complete reports, because we seldom get complete returns for any of them." Much the same story was obtained from a number of other health officers, but perhaps the most illuminating return was received from the health officer of one of the largest of the Eastern States who replied that he was "experiencing more or less difficulty in obtaining complete returns of all the diseases at the present time."

Various explanations are, of course, offered. In some cases, the fault is put directly upon the State for neglecting to provide adequate legislation. In others, the lack of funds for the proper administration of the law is deplored and in still other instances, the fault is ascribed to the lack of co-operation from physicians who will not take the necessary pains to report their cases.

Whatever be the explanation, it is quite clear that at the present time no important aspect of our State health work shows up to such poor advantage as does the registration and control of the preventable diseases. We are here concerned with conditions which are responsible from year to year for large economic and social losses and yet we have only the crudest machinery for checking them. Professor Irving Fisher, of Yale, has estimated that about three million people are seriously ill at any one time in the United States, of whom about a half are suffering from preventable causes. The economic losses from such illness he declares to be no less than five hundred million dollars annually in wages and an equal sum in doctors' fees, drugs and other necessary medical accessories. These figures, he believes, are conservative; but it is obviously impossible to make any estimate which will approximate the truth in view of the total absence of reliable information. In fact, there are no records of illness in this country excepting the very fragmentary reports of a few States and some corporations. Whatever be the exact amount of loss sustained through sickness, effective registration will help materially to reduce it and will thus yield a big return to the communities on the relatively small investment required.

EFFECT UPON PUBLIC WELFARE

Permit me to show in some detail how an efficient system of reporting disease will affect the public welfare:

First.—It will make possible the immediate and effective treatment of certain infectious diseases. In cases of tuberculosis, for example, an early report to the Department of Health puts at the disposal of the patient the entire battery of the hygienic resources of the community. In New York City, where, for years, facilities have been well developed, an early report of a tuberculosis case means that a nurse is at once sent to the home to inspect the premises and to give the necessary advice and instruction as to home care. She urges enrollment in a municipal clinic, and in many cases arranges to have the patient treated in a sanatorium or a day camp. It is altogether possible that the reduction in the amount of tuberculosis in New York City and other cities which have extensive anti-tuberculosis work, has been largely effected through the enforced registration of this disease.

Let us take another instance, that of diphtheria, where success in the treatment depends so largely on an early and correct diagnosis. The registration of a suspected case enables the health authorities to make a culture which settles the diagnosis. In positive cases, the information placed at the disposal of the physician in

charge helps to make a cure almost certain. So, too, the early reporting of eye affections of the new-born brings a nurse or medical inspector to the home, who sees that the required treatment is given. As a result, many children now grow up with normal vision whose lives would otherwise have been shrouded in blindness.

Second.—The registration of the communicable diseases will enable health officers to discover foci of infection in time to prevent the further spread of such diseases. The early and complete reporting of cases of typhoid fever at once puts the efficient health officer on the track of the infection. It may be the sewerage system, or the water or milk supply which is at the bottom of the trouble. In any event, the location and the sequence of the cases settles the question and the epidemic may, in this way, be quickly prevented from spreading to other sections. Such was the case recently in New York City where an infected milk supply gave rise to some three hundred cases of typhoid fever. In this instance, if the Department of Health had waited until the first death had been reported, the epidemic would in all probability have spread to innumerable other homes and the death losses increased many fold.

Similarly, in the city of Buffalo, during 1912, an epidemic of infantile paralysis was checked without serious fatalities, as the result of early reporting. In this one instance, the combined forces of the local health department, the Rockefeller Institute for Medical Research and the United States Public Health Service were brought into consultation by the reporting of the first few cases which indicated a widespread contagion. Rigid steps were at once taken to isolate every case. As a result of the work of these co-operating agencies, it was possible to give proper treatment to the 281 cases of the disease and to prevent its further spread among the foreign population where it had had its widest development.

Third.—The reporting of occupational diseases enables departments of health to supplement the efforts of bureaus of labor in following up cases to their sources. Thus, the compulsory reporting of a case of lead poisoning puts the authorities at once on the trail of carelessly kept factories where other workmen may be similarly exposed to possible poisoning. The health and labor officials can then bring to bear all their facilities for the instruction of employers and employees and also for the fulfilment of the various requirements of the law. The reporting of occupational diseases can be made to serve as a most excellent check on the efficiency of existing labor legislation. It is significant to observe at this point that as a result of the effort of the American Association for Labor Legislation, there are now fifteen States which have upon their statute books a Model Bill for the reporting of occupational diseases. This is what one public-spirited organization accomplished.

Fourth.—The thorough registration of certain diseases, such as pellagra and cancer, will throw much light upon the origin of these obscure maladies. We have much to learn with regard to the frequency with which these diseases occur in the various social groups. There is already sufficient evidence at hand that their incidence varies considerably with race, sex, age, occupation, personal habits, and other conditions not as yet differentiated. Thus, a recent study of considerable merit, of cancer in Norway showed the very surprising fact that in that country cancer is more prevalent among men than among women, and that the commonest form of the disease is the affection of the stomach. In one large series of cases, 65 per cent. of the total were cancers of the stomach, a condition not previously noted in any other country. If these figures be verified, a careful research may lead to the discovery and elimination of the conditions which are responsible for the prevalence of this form of the disease. In like manner, there is evidence that cancer may result from certain occupations which involve the continuous irritation of the skin or other exposed parts of the body. Thus, there are the peculiar cancers of chimney sweeps, of X-ray workers, and of those engaged in the manufacture of arsenical products. The application of preventive measures to those trades should have a beneficial effect. Our advance in the control of cancer, therefore, depends in large measure upon the co-operation of the physician, the registrar and the vital statistician.

Fifth.—The registration of the preventable diseases is, furthermore, the chief test at our disposal for measuring the efficiency of community control over them. Millions of dollars are being expended annually in our campaigns to check their progress. There is, however, a considerable difference of opinion, even among experts, as to the best methods to pursue, and the several communities are applying their appropriations in different ways. Thus, in the treatment of tuberculosis the widest differences of opinion are to be noted. There are those who place considerable emphasis upon the value of sanatorium treatment, while others discount this method, indicating that our results will depend upon an entirely different line of attack. It is clearly an advantage for every group to know the results obtained through the application of their special methods. In this way, the recording of cases together with a complete statement of the method employed, will ultimately decide the fate of such experiments as are now being made with visiting nursing, isolation of communicable diseases and the disinfection of

premises where such diseases have occurred, sanatorium treatment for incipient tuberculosis and other plans still awaiting judgment.

In spite of the fine possibilities that the registration of morbidity promises, the actual conditions, as we have already pointed out, are far from satisfactory. Not one State in the entire country has made adequate provisions for this important branch of its health work and the largest number have just begun to make any advances in this field. In view of this situation, the Surgeon General of the Public Health Service and the State health officers, assembled in their annual Conferences for the discussion of health matters, have during the last few years directed their attention to this problem. After a series of annual reports and resolutions, the standing committee on the subject formulated plans for appropriate legislation. The committee carefully examined the entire subject and at the Eleventh Conference, held in Minneapolis on June 16, 1913, submitted, provisionally, a Model Bill. This, it was hoped, would bring about uniform and complete reporting of the preventable diseases in all of the States of the Union. The bill received the attention of the Conference members, and, after a thorough analysis, was adopted unanimously and recommended for introduction into the various State legislatures.

SCOPE OF MODEL BILL

The following are a few of the attractive features of the proposed law:*

I. The law definitely stipulates that the reporting and registering of the preventable diseases shall be one of the responsible functions of the State Department of Health and makes specific provision and appropriation for the technical administration of this work.

II. It specifies diseases and conditions which shall be reported in every State and includes:

a. The Infectious Diseases.
b. The Occupational Diseases and Injuries.
c. The Venereal Diseases, and
d. Certain Diseases of Unknown Origin, like Pellagra and Cancer.

III. A precise provision is made for supplementary information and a uniform report blank is stipulated. This will facilitate comparisons of the data obtained from the several States.

*See Appendix for text of Model Bill

IV. The time within which the disease or injury must be reported is definitely stated and the local machinery and routine for bringing the necessary information to the attention of the State departments is specified.

V. Adequate provisions are made for the instruction of physicians and midwives in the requirements of the law. Severe penalties are also provided which will more fully assure the enforcement of the measure.

The Bill which I have just summarized gives the results of the continuous deliberations of a body of health specialists who are familiar, at first hand, with the various phases of the problem and know what they want. It is my purpose to interest your Association in the splendid opportunity for service that awaits it in taking up this measure with the same enthusiasm with which it furthered legislation for the registration of births and deaths.

PLAN OF CAMPAIGN

The Association of Life Insurance Presidents can assist in having this measure placed upon the statute books of the States by cooperating with committees which will be appointed for the purpose by the American Medical Association and the American Public Health Association. It is suggested that the combined organizations endeavor to interest the American Bar Association, local medical societies, State and municipal chambers of commerce and boards of trade, editorial staffs of newspapers and magazines and the general public. The life insurance companies, especially, have the facilities necessary to carry on this propaganda most effectively through their medical examiners and agency force. They can interest their policyholders through the distribution of special pamphlets and through lectures and correspondence. This will, of course, require considerable effort and it is, therefore, suggested that the committees concentrate first upon some one, or at most, a few States which give most promise. Above all, the various committees should work entirely in harmony with the Surgeon General of the United States Public Health Service who has directed the movement for better registration from the very beginning, and should consult with him as to the point of attack.

It is particularly appropriate that the life insurance companies should be among the first to take a forward step in the solution of the problem for controlling the preventable diseases. They are most seriously affected through the occurrence of illness among their policyholders. Not only are the diseases, to which we have referred, the cause of a large part of the mortality for which claims are paid,

but perhaps equally important, they are the prime factors in bringing about those economic disturbances of the budgets of policyholders which so largely determine the cancellation of insurance. No one knows just how much of the lapse waste is due to sickness, but there must be a considerable amount of insurance cancelled each year because of the effects of disability upon the family income. With the more complete control of morbidity which would follow upon the enactment of the measure suggested, our insurance business and hosts of other social activities would at once show healthy improvement.

The Metropolitan Life Insurance Company, because of its vital interest in the reduction of mortality and lapse losses, stands ready to take an active part in a movement of this kind. Indeed, it has already attempted, on its own account, to collect information on the occurrence of epidemics and other unfavorable community conditions through its extensive field force. During the winter of 1912 the field staff was instructed to report the occurrence of epidemics of communicable disease and similar conditions to the Statistical Bureau of the company. As a result, the company has received notices of epidemics from many sections of the country. Superintendents have also advised the home office when the situation was under the control of the local authorities or the other agencies at work. We have been advised of defects in water supplies, the lack of adequate facilities for the disposal of sewage and other physical conditions which influence public health. The various conditions described by the late Dr. Messenger in his address before this Association in June, 1911, were fully confirmed. It is but one step further to make such information the basis for the more complete co-operation of the life insurance companies with local and State health officers.

NEED FOR INTERSTATE REPORTING

In closing, permit me to direct your attention to one other important phase of our subject. We have to this point considered only the mechanism of reporting morbidity as a State function. It must be remembered, however, that the communicable diseases are unconventional enough to ignore any and all artificial State boundary lines. Typhoid fever, for instance, follows along the lines of water courses and many States thus receive infection from the same source. New York and other large communities have for years been the dumping ground for the tuberculous sick of nearby communities which have fewer facilities for treatment. Every railway is an avenue for the spread of infection. The New York City milk

supply is brought from five adjacent States and in this way the germs of tuberculosis, typhoid fever, scarlet fever and diphtheria are in many instances brought into the city. It is, therefore, not enough for a State health officer to know the incidences of the infectious diseases in his own State only. He must, in addition, have some effective arrangement with the authorities of neighboring States and particularly with some central interstate office to keep him fully informed as to the existence of epidemics in other parts of the country. Nothing short of a central governmental agency in constant communication with all sections can help solve the problem of controlling the communicable diseases.

With this in mind, the Surgeon General of the Public Health Service and the State health officers, assembled in their Tenth Annual Conference in 1912, agreed upon a system of voluntary reports by which the Public Health Service would be informed by the State of the incidences of the more important infections. This plan is much restricted in scope and is valuable mainly as an index of what could be done with better registration within the States. It will be difficult for the Surgeon General ever to report effectively on the prevalence of the preventable diseases until the individual States have at their disposal a sufficient amount of accurate and complete registry data. This can be made possible only by the passage and enforcement of the Model Bill.

A REGISTRATION AREA FOR SICKNESS

Let me, therefore, suggest that the Health Committee of this Association take up this cause by resolution of this meeting in order to encourage at least a few States to perfect their registration of the preventable diseases. Ultimately, there should be an approved Registration Area for morbidity under the jurisdiction of the Surgeon General's office very much as the Census Bureau at the present time provides for the registration and statistical analysis of data on births and deaths. This much has already been accomplished by the Russian Government throughout the Empire. Our plan of campaign should aim for as much. Many practical difficulties will be encountered in the operation of this system, but our obvious duty is first to obtain an effective and uniform statute. The amount of effort required to bring about this desired condition will be small compared with the benefits which will ultimately accrue to the participating organizations.

APPENDIX

A Model State Law for Morbidity Reports

Adopted by the Eleventh Annual Conference of State and Territorial Health Authorities with the United States Public Health Service, Minneapolis, June 16, 1913.

A BILL TO PROVIDE FOR THE NOTIFICATION OF THE OCCURRENCE AND PREVALENCE OF CERTAIN DISEASES.

Be it enacted by the Senate and General Assembly of the State of ——:

Section 1. It shall be, and is hereby, made the duty of the State department of health (or commissioner or board of health) to keep currently informed of the occurrence, geographic distribution, and prevalence of the preventable diseases throughout the State, and for this purpose there shall be established in the State department of health a bureau (or division) of sanitary reports which shall, under the direction of the State commissioner of health (State health officer or secretary of the State board of health), be in charge of an assistant commissioner of health who shall receive an annual salary of ——— dollars and the necessary expenses incurred in the performance of his duties. The State department of health shall provide such clerical and other assistance as may be necessary for the establishment and maintenance of said bureau.

Sec. 2. The following-named diseases and disabilities are hereby made notifiable and the occurrence of cases shall be reported as herein provided:

GROUP I.—INFECTIOUS DISEASES

Actinomycosis.
Anthrax.
Chicken pox.
Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).
Continued fever lasting seven days.
Dengue.
Diphtheria.
Dysentery:
(*a*) Amebic.
(*b*) Bacillary.
Favus.
German measles.
Glanders.
Hookworm disease.
Leprosy.
Malaria.
Measles.
Meningitis:
(*a*) Epidemic cerebrospinal.
(*b*) Tuberculous.

Mumps.
Ophthalmia Neonatorum (conjunctivitis of newborn infants).
Paragonimiasis (endemic hemoptysis).
Paratyphoid fever.
Plague.
Pneumonia (acute).
Poliomyelitis (acute infectious).
Rabies.
Rocky Mountain spotted, or tick fever.
Scarlet fever.
Septic sore throat.
Smallpox.
Tetanus.
Trachoma.
Trichinosis.
Tuberculosis (all forms, the organ or part affected in each case to be specified).
Typhoid fever.
Typhus fever.
Whooping cough.
Yellow fever.

GROUP II.—OCCUPATIONAL DISEASES AND INJURIES

Arsenic poisoning.
Brass poisoning.
Carbon monoxide poisoning.
Lead poisoning.
Mercury poisoning.
Natural gas poisoning.
Phosphorus poisoning.
Wood alcohol poisoning.
Naphtha poisoning.
Bisulphide of carbon poisoning.
Dinitrobenzine poisoning.
Caisson disease (compressed-air illness).
Any other disease or disability contracted as a result of the nature of the person's employment.

GROUP III.—VENEREAL DISEASES

Gonococcus infection.
Syphilis.

GROUP IV.—DISEASES OF UNKNOWN ORIGIN

Pellagra.
Cancer.

Provided, That the State department of health (or board of health) may from time to time, in its discretion, declare additional diseases notifiable and subject to the provisions of this act.

Sec. 3. Each and every physician practicing in the State of ——— who treats or examines any person suffering from or afflicted with, or suspected to be suffering from or afflicted with, any one of the notifiable

diseases shall immediately report such case of notifiable disease in writing to the local health authority having jurisdiction. Said report shall be forwarded either by mail or by special messenger and shall give the following information:

1. The date when the report is made.
2. The name of the disease or suspected disease.
3. The name, age, sex, color, occupation, address, and school attended or place of employment of patient.
4. Number of adults and of children in the household.
5. Source or probable source of infection or the origin or probable origin of the disease.
6. Name and address of the reporting physician.

Provided, That if the disease is, or is suspected to be, smallpox the report shall, in addition, show whether the disease is of the mild or virulent type and whether the patient has ever been successfully vaccinated, and, if the patient has been successfully vaccinated, the number of times and dates or approximate dates of such vaccination; and if the disease is, or is suspected to be, cholera, diphtheria, plague, scarlet fever, smallpox, or yellow fever, the physician shall, in addition to the written report, give immediate notice of the case to the local health authority in the most expeditious manner available; and if the disease is, or is suspected to be, typhoid fever, scarlet fever, diphtheria, or septic sore throat the report shall also show whether the patient has been, or any member of the household in which the patient resides, is engaged or employed in the handling of milk for sale or preliminary to sale: *And provided further,* That in the reports of cases of the venereal diseases the name and address of the patient need not be given.

SEC. 4. The requirements of the preceding section shall be applicable to physicians attending patients ill with any of the notifiable diseases in hospitals, asylums, or other institutions, public or private: *Provided,* That the superintendent or other person in charge of any such hospital, asylum, or other institution in which the sick are cared for may, with the written consent of the local health officer (or board of health) having jurisdiction, report in the place of the attending physician or physicians the cases of notifiable diseases and disabilities occurring in or admitted to said hospital, asylum, or other institution in the same manner as that prescribed for physicians.

SEC. 5. Whenever a person is known, or is suspected, to be afflicted with a notifiable disease, or whenever the eyes of an infant under two weeks of age become reddened, inflamed, or swollen, or contain an unnatural discharge, and no physician is in attendance, an immediate report of the existence of the case shall be made to the local health officer by the midwife, nurse, attendant, or other person in charge of the patient.

SEC. 6. Teachers or other persons employed in, or in charge of, public or private schools, including Sunday schools, shall report immediately to the local health officer each and every known or suspected case of a notifiable disease in persons attending or employed in their respective schools.

SEC. 7. The written reports of cases of the notifiable disease required by this act of physicians shall be made upon blanks supplied for the purpose, through the local health authorities, by the State department of health. These blanks shall conform to that adopted and approved by the State and Territorial health authorities in conference with the United States Public Health Service.

SEC. 8. Local health officers or boards of health shall within seven days after the receipt by them of reports of cases of the notifiable diseases forward by mail to the State department of health the original written reports made by physicians, after first having transcribed the information given in the respective reports in a book or other form of record for the permanent files of the local health office. On each report thus forwarded the local health officer shall state whether the case to which the report pertains was visited or otherwise investigated by a representative of the local health office and whether measures were taken to prevent the spread of the disease or the occurrence of additional cases.

SEC. 9. Local health officers or boards of health shall, in addition to the provisions of section 8, report to the State department of health in such manner and at such times as the State department of health may require by regulation the number of new cases of each of the notifiable diseases reported to said local health officers or boards of health.

SEC. 10. Whenever there occurs within the jurisdiction of a local health officer or board of health an epidemic of a notifiable disease, the local health officer or board of health shall, within 30 days after the epidemic shall have subsided, make a report to the State department of health of the number of cases occurring in the epidemic, the number of cases terminating fatally, the origin of the epidemic, and the means by which the disease was spread: *Provided,* That whenever the State department of health has taken charge of the control and suppression or undertaken the investigation of the epidemic, the local health authority having jurisdiction need not make the report otherwise required.[1]

SEC. 11. No person shall be appointed to the position of local health officer in any city, town, or county until after the qualifications of said person have been approved by the State department of health.

SEC. 12. In localities in which there are no local health officers or boards of health, and in localities in which, although there are health officers or boards of health, adequate provision has not, in the opinion of the State department of health, been made for the proper notification, investigation, and control of notifiable disease, and in localities in which the local health authorities fail to carry out the provisions of this act, the State department of health shall appoint properly qualified sanitary officers to act as local health officers and to prevent the spread of disease in and from such localities and to enforce the provisions of this act: *Provided,* That salaries and other expenses incurred under the provisions of this section shall be paid by the local authorities.

SEC. 13. Any physician or other person or persons who shall fail, neglect, or refuse to comply with, or who shall violate any of the provisions of this act shall be guilty of a misdemeanor and upon conviction thereof shall be sentenced to pay a fine of not less than ——— dollars nor more than ——— dollars or to imprisonment for not less than ——— days nor more than ——— days for each offense: Provided, That in the case of a physician his license

[1]The advisability of providing for the compensation of local health officers for making the required reports was suggested. In States where this is deemed desirable a section making such provision can be inserted.

to practice medicine within the State may be revoked in accordance with existing statutory provisions.

SEC. 14. No license to practice medicine shall be issued to any person until after the applicant shall have filed with the State licensing board a statement, signed and sworn to before a notary or other officer qualified to administer oaths, that said applicant has familiarized himself with the requirements of this act, a copy of which sworn statement shall be forwarded to the State department of health.

SEC. 15. Each and every person engaged in the practice of medicine shall display in a prominent place in his or her office a card upon which sections 2, 3, 4, 7, 13, 14, and 15 of this act have been printed with type not smaller than 10-point. A similar card shall be displayed in a prominent place in the office of each and every hospital, asylum, or other public or private institution for the treatment of the sick. These cards shall each be not less than 1 square foot in size and shall be furnished to institutions and licensed physicians without cost by the State department of health.

SEC. 16. The sum of —— dollars is hereby appropriated from any money in the State treasury not otherwise appropriated for carrying out the provisions of this act.

SEC. 17. This act shall take effect immediately and all acts or parts of acts inconsistent with the provisions of this act are hereby repealed.

STANDARD NOTIFICATION BLANK

The following model notification blank was also submitted by the committee on morbidity reports and approved and adopted by the conference as the standard notification blank referred to in Section 7 of the Model Law as the one to be used in the reporting of cases of the notifiable diseases. This blank is intended to be printed on a post card:

[Face of card.]

....., 191.....
(Date.)

Disease or suspected disease.....
Patient's name....., age....., sex....., color.....
Patient's address....., occupation.....
School attended or place of employment.....
Number in household: Adults....., children.....
Probable source of infection or origin of disease.....
If disease is smallpox, type....., number of times successfully vaccinated and approximate dates.....
If typhoid fever, scarlet fever, diphtheria, or septic sore throat, was patient, or is any member of household engaged in the production or handling of milk.....
Address of reporting physician.....
Signature of physician.....

[Reverse of card.]

For use of local health department.

Was case investigated by health department?.....
Was nature of disease verified?.....
What measures were taken to prevent the spread or the occurrence of additional cases from same origin?.....
.....

....., 191....
(Date.)

Health Department,
(City).....
(State).....

Publications of The Association of Life Insurance Presidents

Public Health and Public Sanitation

Lengthening Life Through Legislation. Report of Health Committee of Association of Life Insurance Presidents. December, 1913.

The Needed Reforms in Sanitary Administration. By Dr. Rupert Blue, Surgeon-General, United States Public Health Service. December, 1913.

The Public Health Movement in America—To-day and To-morrow. By William T. Sedgwick, Sc.D., Professor, Biology and Public Health, Massachusetts Institute of Technology. December, 1913.

Birth and Death Bookkeeping. Business methods applied to the health problem. Association of Life Insurance Presidents. February, 1913.

Need for Better Vital Statistics. Report of Health Committee of Association of Life Insurance Presidents. December, 1912.

The Influence of Vital Statistics on Longevity. By Watson S. Rankin, M.D., Secretary, North Carolina Board of Health. December, 1912.

The Effect of Safe Water Supplies on the Typhoid Fever Rate. By Allan J. McLaughlin, M.D., Passed Assistant Surgeon, United States Public Health Service. December, 1912.

Conservation of Human Life—an Outline of the Movement Among Life Insurance Companies to Prolong Lives of Policyholders. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. September, 1912.

The Gospel of Health on Wheels. By Oscar Dowling, M.D., President, Louisiana State Board of Health. December, 1911.

The Social Engineer in the Field of Public Health. By Luther H. Gulick, M.D., Director, Department of Child Hygiene, Russell Sage Foundation. December, 1911.

The Undeveloped Field in the Life Insurance Business. By Hiram J. Messenger, F.A.S., Actuary, The Travelers Insurance Company. June, 1911.

*The Fight Against Preventable Diseases. By Eugene H. Porter, M.D., New York State Health Commissioner. December, 1910.

*Report of the Life Extension Committee of the Association of Life Insurance Presidents. December, 1910.

*Modern Sanitation. By Alvah H. Doty, M.D., Health Officer of the Port of New York. December, 1910.

*The Work of the Census in Vital Statistics. By Cressy L. Wilbur, M.D., Chief Statistician, Bureau of Vital Statistics, United States Census Bureau. December, 1910.

Lengthening Human Life as a Business Proposition. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. April, 1910.

*Report of Life Extension Committee of the Association of Life Insurance Presidents. January, 1910.

*Work of the Federal Government in the Matter of Health Conservation. By Walter Wyman, M.D., Surgeon-General of the Public Health and Marine Hospital Service of the United States. January, 1910.

*The Organization of a Public Health Militia in the Cause of Preventive Medicine. By M. J. Rosenau, M.D., Department of Preventive Medicine and Hygiene, Harvard Medical College. January, 1910.

*Latent Powers of Life Insurance Companies for the Detection and Prevention of Diseases. By E. W. Dwight, M.D., Medical Director, New England Mutual Life Insurance Co. January, 1910.

*Movement to Lengthen Life. Abstracts from Editorial Comments on Suggestions to Increase Human Longevity Made to the Association of Life Insurance Presidents. May, 1909.

A Suggestion Concerning the Increased Longevity of Life Insurance Policyholders. By Burnside Foster, M.D., Chief Medical Examiner of the New England Mutual Life Insurance Company for Minnesota. April, 1909.

Economic Aspect of Lengthening Human Life. By Professor Irving Fisher, President of the Committee of One Hundred on National Health. February, 1909.

*Out of print.

Copies of any of above not out of print will be mailed upon request.

Publications of The Association of Life Insurance Presidents

Taxation

Injustice and Inequality of Life Insurance Taxation. Report of Committee Adopted by National Convention of Insurance Commissioners. August, 1908.

Taxation of Life Insurance in the United States. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. October, 1908.

Taxation of Life Insurance in the United States. By John F. Dryden. December, 1908.

Life Insurance Taxation and Legislation. By Haley Fiske, Vice-President, Metropolitan Life Insurance Company. February, 1909.

The Impropriety of Taxing Returns to Life Insurance Policyholders. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. February, 1909.

Life Insurance Taxation. By William J. Graham, Vice-President and Actuary, Northwestern National Life Insurance Company. January, 1910.

Some Obstacles which Delay the Reform of Life Insurance Taxation. By Thomas Sewall Adams, Ph.D., Professor of Political Economy, Washington University. December, 1910.

Injustice of Taxation. By Fredric William Jenkins, President, Security Mutual Life Insurance Company. December, 1911.

Investments

Compulsory Investment Legislation. By Grover Cleveland. March, 1907.

The Amortization Plan of Valuing Fixed Term Securities. By J. J. Brinkerhoff, Secretary of National Convention of Insurance Commissioners and Actuary Insurance Department of State of Illinois. August, 1908.

The People's Investments. By James Laurence Laughlin, Ph.D., Professor of Political Economy, The University of Chicago. December, 1910.

A Trial Test of Compulsory Investment Legislation. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. May, 1912.

The Call for Investments. By Alfred Hurrell, Attorney, Association of Life Insurance Presidents. July, 1912.

The Sacredness of Trusteeship in the Investment of Life Insurance Funds. By George E. Ide, President, Home Life Insurance Company. December, 1912.

Railroad Securities Should be Treated as Local Investments for Life Insurance Companies. By Walker D. Hines, Chairman Executive Committee, Atchison, Topeka and Santa Fe Railway. December, 1912.

Forty-Six Years' Experience with Farm Loans. By Jesse Redman Clark, President, Union Central Life Insurance Company. December, 1912.

Miscellaneous

Modern Co-operative Methods to Meet Modern Tendencies of Government Control. By Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents. October, 1910.

The By-Products of Life Insurance. By Alfred Hurrell, Attorney, Association of Life Insurance Presidents. March, 1912.

Group Insurance—Its Aims and Its Field. By William A. Day, President, Equitable Life Assurance Society. December, 1913.

The Ultimate Effect of an Unrestricted Right to Borrow on Life Insurance Policies. By Arthur E. Childs, President, Columbian National Life Insurance Company. December, 1913.

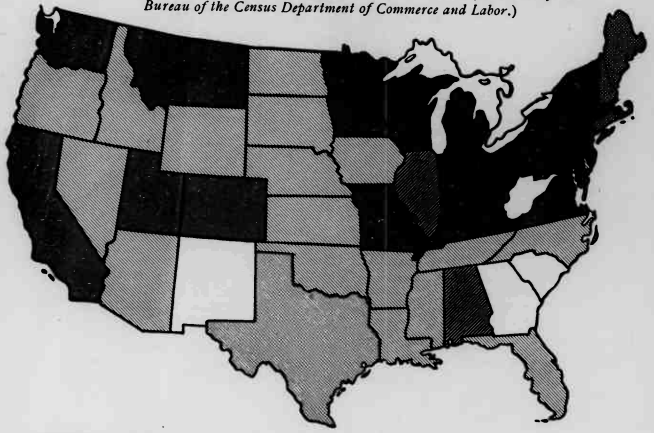
Are You Borrowing from Your Widow? Containing statistical evidence dealing with the growth of the policy loan problem, by Robert Lynn Cox, General Counsel and Manager, Association of Life Insurance Presidents, and also other discussion of the same subject. December, 1913.

Bequeathing Our Debts. Views and suggestions of representative newspapers, taken from their editorial pages, on the policy loan problem. March, 1914.

Copies of any of above will be mailed upon request.

Map Showing Use of
The Standard Certificate of Death, 1913

(Prepared by Association of Life Insurance Presidents from data furnished by the Bureau of the Census Department of Commerce and Labor.)



Registration States using the Standard Certificate and in which, in the opinion of the Bureau of the Census, at least 90% of all deaths are registered.

Nonregistration States using or recommending the Standard Certificate, but in which the registration is below 90%, or in which the adoption of the Standard Certificate has been too recent to allow judgment as to the completeness of registration.

Registration States that have made no changes in certificates since the adoption of the Standard Certificate in 1902; they still retain the old blanks (of excellent form), but will presumably unite with the States using the Standard Certificate when a change is made.

Nonregistration States that have adopted new blanks since 1902, and have not adopted the Standard Certificate.

States left uncolored have no State laws (Georgia, South Carolina) or laws of such unsatisfactory character that the Standard Certificate could not be used.

The United States Standard Certificate of Death was adopted in 1902; revised by the American Public Health Association and approved by the U. S. Bureau of the Census, for use beginning January 1, 1910.

Prior to the use of the standard blank no two States (and hardly any two cities) in the United States had the same forms. No uniform instructions could be given, and exact comparability of returns was impossible.

22401

END OF
TITLE